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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/928,918
	Filing Date	8/13/01
	First Named Inventor	John Paulson
	Art Unit	3677
	Examiner Name	K. Mitchell
Total Number of Pages in This Submission	Attorney Docket Number	10017.004

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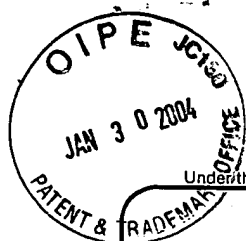
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Signature	<i>Jeffry W. Smith</i>
Date	January 27, 2004

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PTO/SB/82 (09-03)

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Application Number	09/928,918
Filing Date	8/13/01
First Named Inventor	John Paulson
Art Unit	3677
Examiner Name	K. Mitchell
Attorney Docket Number	10017.004

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

John Paulson

Signature

Date

1-20-04

Telephone

770-392-1663

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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